

BALTIMORE CITY HEALTH DEPARTMENT
RYAN WHITE OFFICE
CLINICAL QUALITY MANAGEMENT PROGRAM (CQM)

**FY12 Housing Services and
Housing Emergency Financial Assistance**

Baltimore-Towson EMA

May, 2013



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SECTION 1. INTRODUCTION

The Baltimore City Health Department (BCHD) Part A Clinical Quality Management Program (CQM) began in Calendar Year (CY) 2001, the purpose of which is to ensure that people living with HIV/AIDS (PLWHA) in the Greater Baltimore-Towson Eligible Metropolitan Area (EMA) have access to quality care and services consistent with the Ryan White HIV/AIDS Treatment Extension Act of 2009. The Fiscal Year (FY) 2012 CQM reviewed Fiscal Year (FY) 2011 records for the following services: Outpatient Ambulatory Health Services (OAHS) Primary Medical Care (PMC), OAHS Emergency Financial Assistance (EFA), medical transportation, housing, housing EFA, and child care. Note: FY2011 refers to services provided beginning March 1, 2011 through February 29, 2012. This report presents housing services data.

As defined in the Greater Baltimore HIV Health Services Planning Council Standards of Care (Standards of Care), "Housing assistance is short-term or emergency financial assistance to support temporary and/or transitional housing, or assistance to prevent eviction or interruption in utility services to enable the HIV-positive individual to gain and/or maintain medical care and utility assistance. Use of funds must be linked to medical or supportive services or be certified as essential to a client's ability to gain or maintain access to HIV-related medical care or treatment. Any extension of services beyond three months must be supported in a housing service plan that includes goals, strategies, and timeframes for moving the client into long-term housing services."¹

To reassess the degree to which the Standards of Care were adhered to across the EMA, data were gathered and analyzed from all Part A-funded Housing Services vendors. In addition to providing the data from the review, this report provides details of the methodology, a summary of the findings, as well as recommendations for improving the quality of Housing Services. An appendix contains the Housing Services Standards of Care.

Wherever possible, the FY 2012 data is compared with FY 2008 and FY2004 findings. Data variance can be attributed to: 1) Different reviewers; 2) Different agencies being reviewed; 3) Different records being reviewed; 4) Revisions of the Standards of Care; 5) Variations in the abstraction tool; and 6) Actual differences in performance.

While data contained in this report are used by multiple stakeholders, agencies are provided with feedback immediately upon completion of their CQM reviews. Providers also participate in category-wide meetings to use data to plan for improvement projects at their respective agencies. Finally, programs also develop improvement plans in response to their individual vendor reports.

¹ InterGroup Services, Inc. (2010). *Service category standards of care, housing services*. Retrieved from Greater Baltimore HIV Health Services Planning Council website: <http://balpc.intergroupinfo.com/doc/doc/155/HousingStandards>

SECTION 2. METHODOLOGY

The FY 2012 CQM reviews were conducted at **100% (10)** of the **10** agencies providing Housing Services. Data were collected using three methods: 1) client chart abstraction, 2) consumer surveys, and 3) Quality Improvement (QI) Organizational Assessment. The data collected through the CQM review and presented in this report are not intended to reflect all Ryan White Part A clients receiving Housing Services in the Baltimore-Towson EMA.

Chart Abstraction: CQM established a target number of client charts to review at each vendor site based on the number of clients served by each Part A vendor in FY 2011. This sampling methodology was adapted from the 2008 HIVQUAL project sampling methodology (instructions for facilities outside New York State).² Prior to the review, CQM instructed vendors to pull a specific number of charts and gave two methods for doing so. CQM conducted housing services chart abstraction between one to three days per site depending on the number of records to review. For each chart reviewed, one chart abstraction tool was completed. A total of 394 Housing Services charts were reviewed. The number of charts reviewed per site ranged from 20 to 76 with a median of 36 charts reviewed. Note: Any data that was missing from the survey instrument were not included in the *N*.

Based on data reported to BCHD by the agencies receiving Part A funding for Housing Services, *Table 1* shows a total of **744** persons received Housing Services in FY 2011.³ **Fifty-three percent** of all Housing Services charts were reviewed during the CQM process.

**Table 1: Proportion of Housing Services Clients and Charts Reviewed
CQM vs. Reported EMA Part A Clients, FY 2012 N=394**

Housing Services Vendor	Charts Reviewed	Percent of CQM Review	Part A Housing Services Clients	Clients Interviewed
AIRS	26	7%	33	79%
Baltimore County Health Department	42	11%	69	61%
Chase Brexton Health Services	35	9%	45	78%
Harford County Health Department	28	7%	39	72%
Johns Hopkins University Moore Clinic	47	12%	118	40%
New Vision House of Hope	35	9%	49	71%
Park West Medical Center	37	9%	57	65%
People's Community Health Center	20	5%	23	87%
Project PLASE	48	12%	107	45%
Total Health Care	76	19%	204	37%
Total	394	100%	744	53%

² EHIVQUAL, (2009). *ehivqual sampling methodology collection and reporting of 2008 data: Instructions for facilities outside new york state*. Retrieved from http://ehivqual.org/scripts/eHQ_Sampling_Methodology_OUTSIDE_NYS.pdf

³ Data were obtained from monthly Form 8s submitted to the Grantee. This total is unduplicated at the vendor level, and then aggregated to give a duplicated EMA-wide client count.

Consumer Satisfaction Survey: The Consumer Instrument was administered by a CQM staff member who posed the questions while completing the tool. The tool focused on two primary areas: 1) Housing services received; and 2) satisfaction with services. The questions emphasized the type of services provided and client knowledge about their care. An incentive card for \$25 to an area retailer or grocer was provided upon completion of the interview. Information related to consumer surveys is summarized in *Section 9*.

QI Organizational Assessment: CQM utilized a quality improvement organizational assessment tool to measure quality improvement activities at each agency across multiple domains including quality management, workforce engagement in quality programs, measurement, and use of data, quality improvement initiatives, consumer involvement, quality program evaluation, and achievement of outcomes. CQM interviewed agency staff and completed the organizational assessment based on vendor responses. The assessment was developed by the HIVQUAL-US program at the New York State Department of Health AIDS Institute.⁴ Information related to the QI Organizational Assessment is presented in *Section 10*.

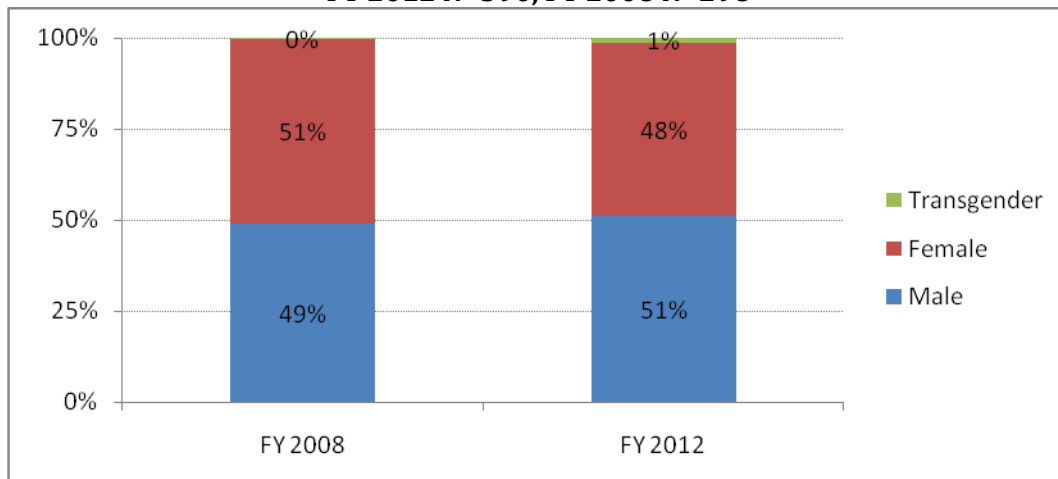
The client chart abstraction tool and QI organizational assessment are distributed to vendors and the Greater Baltimore Health Services Planning Council (Planning Council) for comment prior to utilization during the reviews. CQM also conducts conference calls with all housing services vendors prior to the visits to confirm review dates, locations, additional logistics, and to answer any questions related to the tools and review process.

SECTION 3. DEMOGRAPHICS

Gender

There is an approximately even distribution of males and females in the Housing Services sample, *Figure 1*. This is similar to the sample from the FY 2008 review.

**Figure 1: Gender Distribution of Housing Services Clients
FY 2012 N=390, FY 2008 N=298**

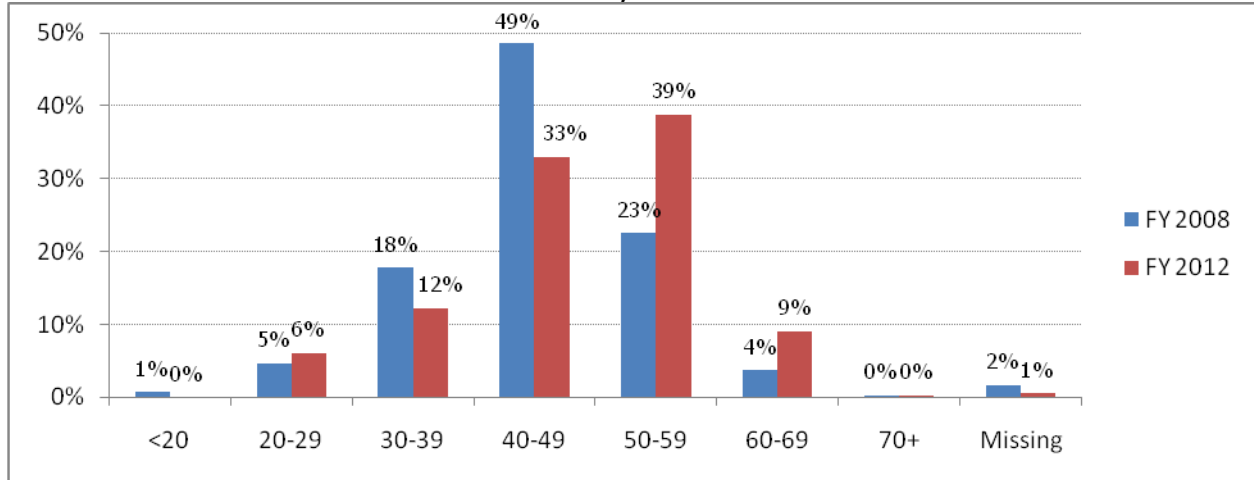


⁴ HIVQUAL. (2012). *Organizational assessment tool*. Retrieved from <http://www.hivqualus.org/index.php?q=organizational-assessment-tool>

Age

Thirty-nine percent of the client sample was aged in their fifties, with an additional **33%** in their forties, *Figure 2*. In FY 2008 the largest age group was in their forties, with an additional **23%** in their fifties.

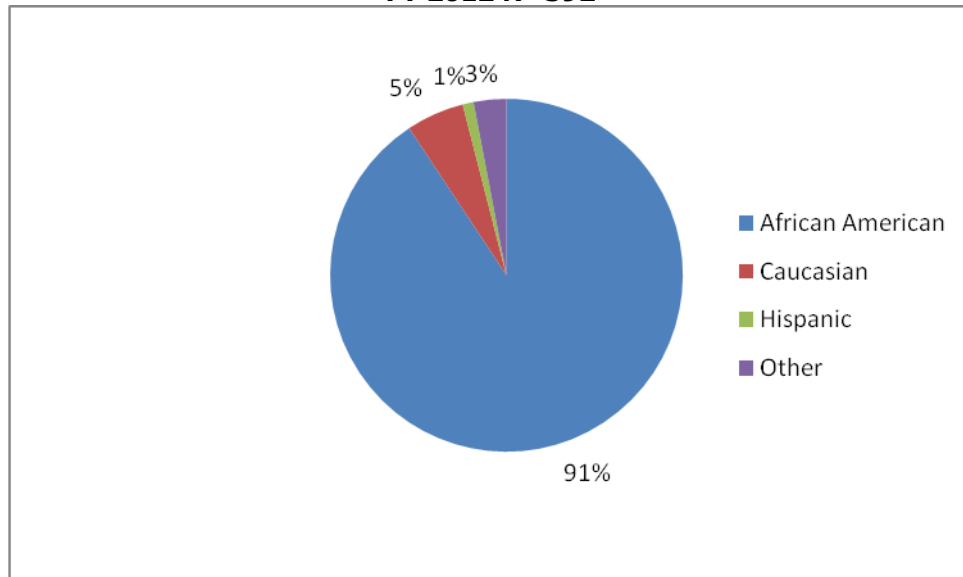
**Figure 2: Age Range of Housing Services Clients
FY 2012 N=392, FY 2008 N=298**



Race/Ethnicity

Ninety-one percent of the Housing Services sample was African-American and **five percent** were reported as Caucasian, *Figure 3*.

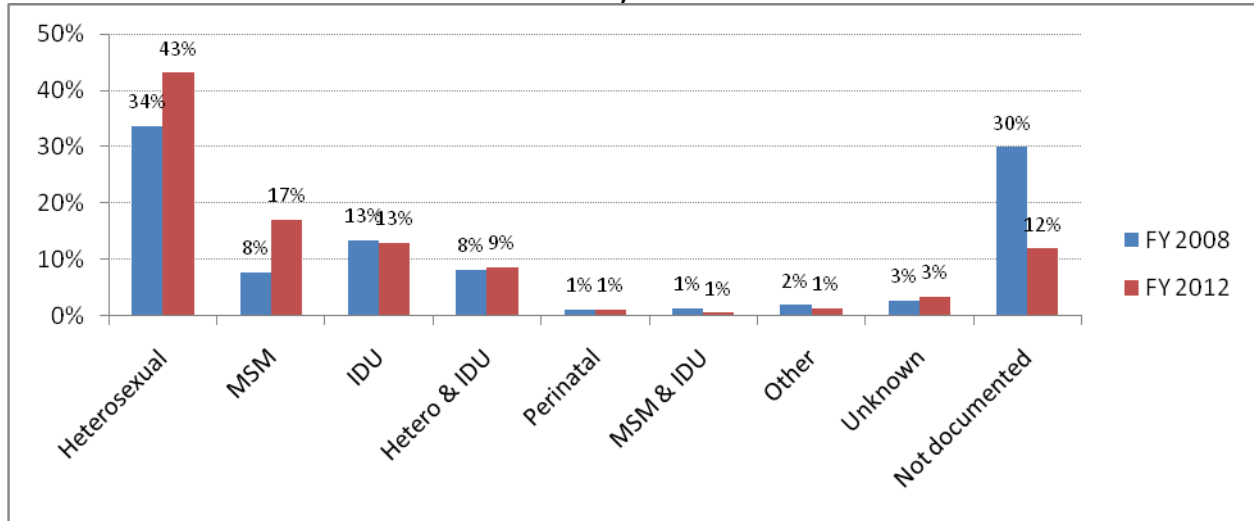
**Figure 3: Race/Ethnicity Distribution of Housing Services Clients
FY 2012 N=392**



HIV Risk Factor

The primary mode of HIV transmission was through sexual contact, *Figure 4*. Heterosexual contact accounted for **43%** of transmission and men who have sex with men (MSM) for **17%**. Injection drug use (IDU) accounted for **13%** of the noted risk factors. A large proportion of the FY 2008 sample (**30%**) did not document a risk factor.

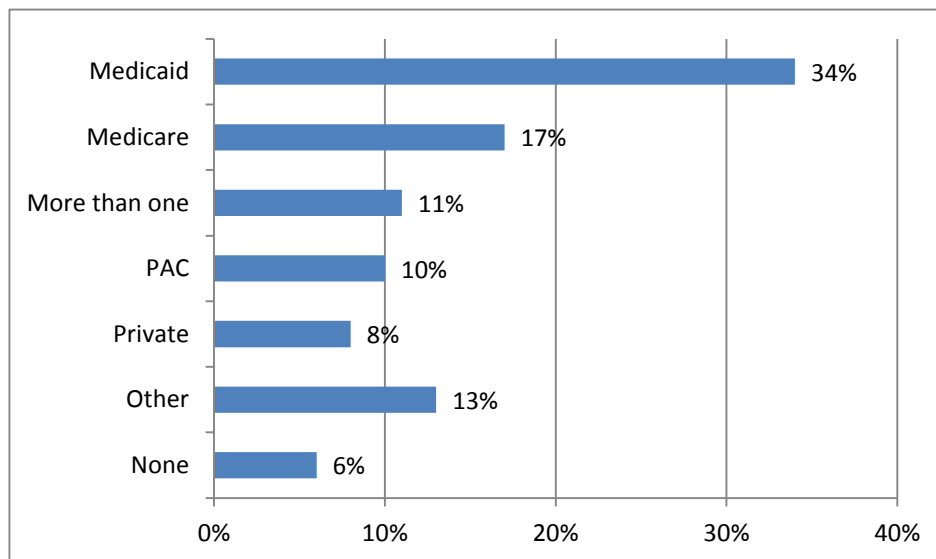
**Figure 4: Risk Factor for Housing Services Clients
FY 2012 N=393, FY 2008 N=298**



Insurance Status

CQM reviewers documented the type of insurance or pharmacy coverage a client had at any point in the review period. **Thirty-four percent** of the Housing Services sample had Medicaid, followed by **17%** with Medicare, *Figure 5*. **Six percent (N=20)** of the sample had no insurance. Not shown in the figure are the **20%** of clients who may have received Maryland AIDS Drug Assistance Program (MADAP) in addition to other health insurance.

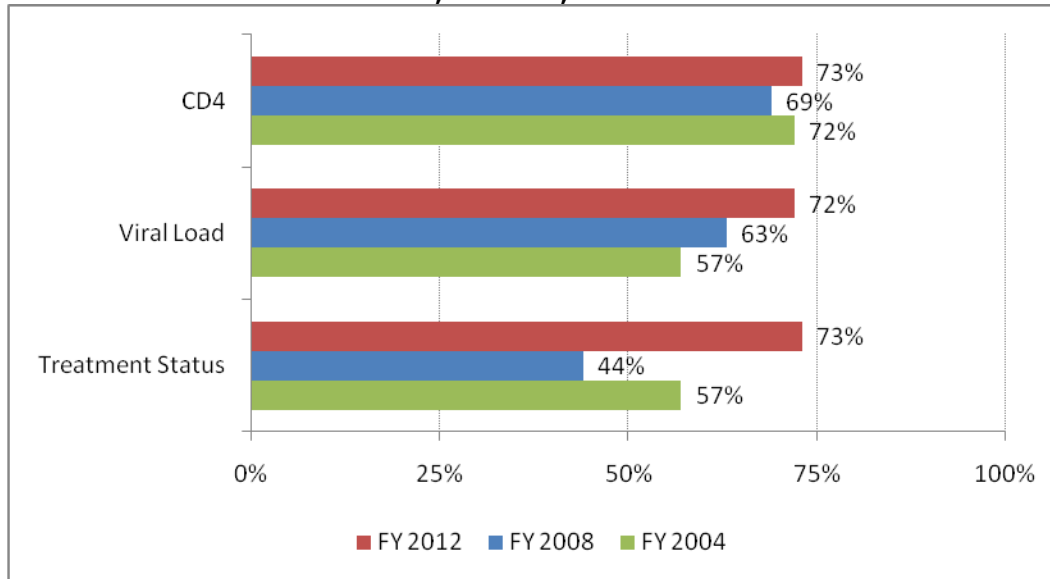
**Figure 5: Insurance Coverage Distribution for Housing Services Clients
FY 2012 N=342**



Clinical Indicators

CQM reviewed charts for documentation of clinical indicators: CD4 value, viral load, and treatment status. (Figure 6) CD4 values were found in 73% of the charts , viral load measures in 72% , and treatment status in 73%.

**Figure 6: Documentation of Clinical Indicators
FY 2012, FY 2008, and FY 2004**



SECTION 4. ELIGIBILITY

Before Ryan White funds can be used, providers must establish that the client is eligible for care. This includes documentation of HIV status, residency and income, *Table 2*. Documentation of HIV-positive status, a one-time assessment, in housing charts was 97% in FY 2012. The documentation of financial eligibility was 90%. Residential eligibility was documented in 93% of charts in the FY 2012 sample.

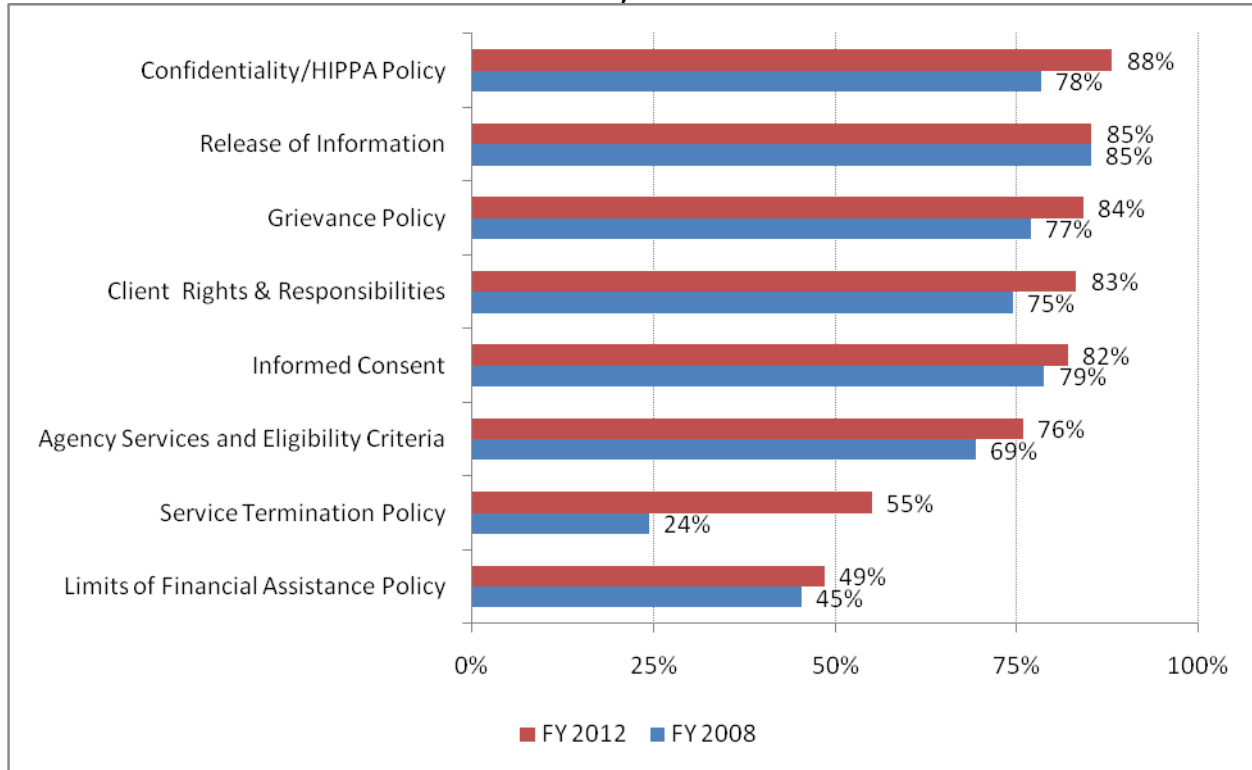
**Table 2: Eligibility Documentation
FY 2012**

Category	EMA
HIV-positive Status	97% (N=393)
Financial Eligibility	90% (N=393)
Residential Eligibility	93% (N=393)

SECTION 5. POLICIES

Before services are rendered, clients must be provided with copies of the agency's policies and procedures listed in *Figure 7*. With the exception of the service termination and limits of financial assistance policies, at least **75%** of the charts in the FY 2012 review documented client signatures on the various policies. Only **55%** and **49%** of charts had a client signature on policies explaining the service termination and limits of financial assistance, respectively.

**Figure 7: Client Signatures on Policies
FY 2012, FY 2008**

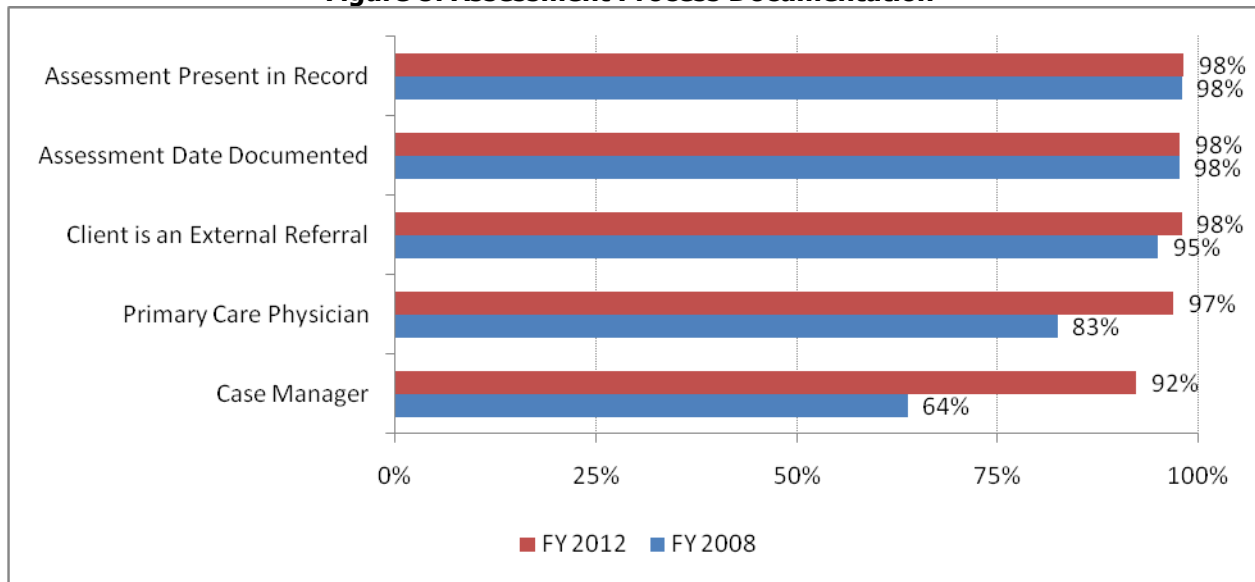


SECTION 6. ASSESSMENT AND APPROVAL PROCESS

Client Assessment

CQM reviewed charts for documentation of the client assessment process. The documentation exceeded 90% for all steps in the approval process (*Figure 8*). An assessment was present in **98%** of the charts and **92%** of charts documented the client had a case manager. Although not required in the Standards, reviewers abstracted whether the assessment was dated and whether the client was an external referral. Charts were additionally assessed to determine whether the client was in primary care. **Ninety-eight percent** of assessments were dated and the same proportion of charts documented referral status. The level of documentation for these factors was similar to FY 2008 findings. Increasing from **83%** in FY 2008, **97%** of the FY 2012 charts documented that the client had a primary care physician.

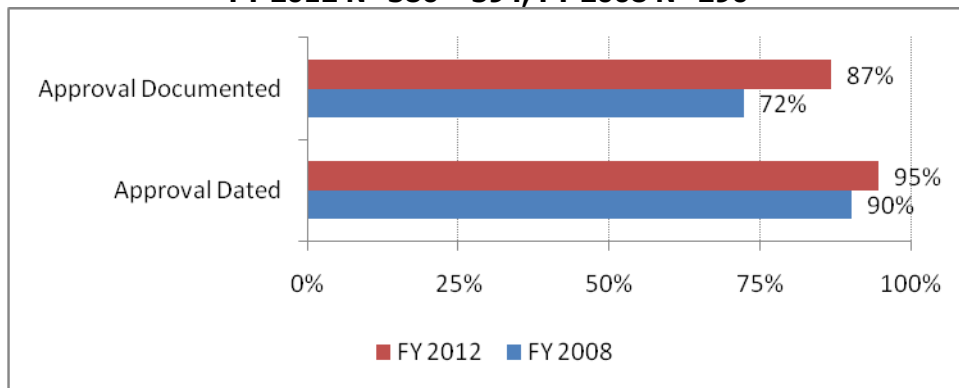
Figure 8: Assessment Process Documentation



Approval Process

Eighty-seven percent of the charts in FY 2012 contained documentation that the request for housing assistance was approved, an increase from the **72% (N=100)** in FY 2008 (Figure 9). The approval document was dated in **95% (N=373)** of charts reviewed in FY 2012 and **90% (N=185)** in FY 2008.

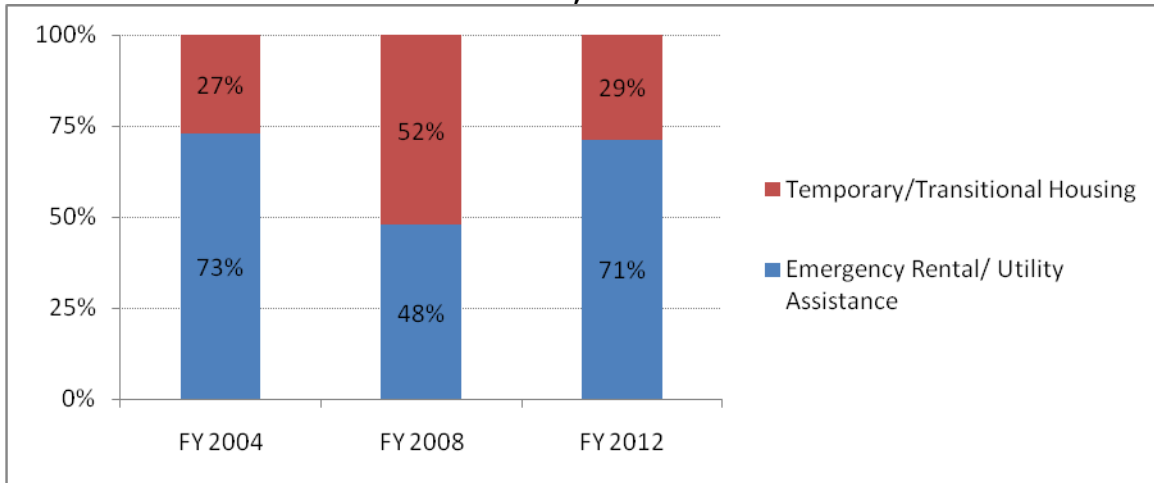
Figure 9: Approval Process Documentation
FY 2012 N=386 – 394, FY 2008 N=290



Additional aspects of the assessment and approval processes mandated by the FY 2010 Housing Standards of Care are presented in *Section 9*.

The type of housing assistance provided is shown in *Figure 10*. The proportion of the sample that received emergency rental/utility assistance increased to **71% (N=276)** from **48% (N=141)** in FY 2008. **Twenty-nine percent (N=112)** of the clients in the housing sample received temporary/transitional housing assistance, down from **52% (N=150)** in FY 2008, which is suggestive of greater housing stability. The share of assistance for each category in FY 2012 was about the same as in FY 2004.

**Figure 10: Type of Housing Assistance
FY 2012 N=388, FY 2008 N=291**



SECTION 7. EMERGENCY RENTAL/UTILITY ASSISTANCE

Seventy-one percent (N=282) of the FY 2012 clients in the sample received emergency rental/utility assistance. In the Standards of Care emergency rental assistance is defined as: “assistance to prevent clients from being evicted and/or becoming homeless.” It included both eviction prevention and first month rent assistance. Utility assistance is “assistance to prevent clients’ essential utilities from being disconnected.”

In FY 2012 charts that documented the amount of assistance, the **median** was **\$466**, ranging from \$110 to \$3,614, *Table 3*. Median monthly rent was \$600 and ranged from \$33 - \$1,400. **Median** amount of monthly utilities was **\$226** with a maximum reported amount of \$1,319. Monthly income ranged from 0 to \$3,258 and the **median** was **\$812**.

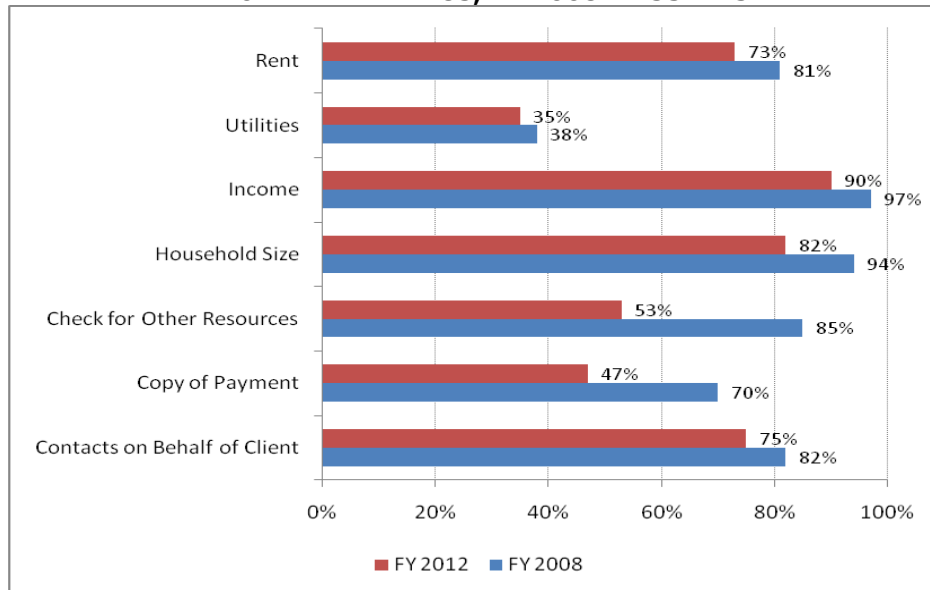
Table 3: Emergency Rental/Utility Assistance FY 2012

Reviewed	Median	Range	N
Amount of Assistance	\$466	\$110 - \$3,614	268
Monthly Rent	\$600	\$33 - \$1,400	104
Monthly Utilities	\$226	\$0 - \$1,319	98
Monthly Income	\$812	\$0 - \$3,258	257
Household Size	1	1 - 6	111

CQM reviewed charts for documentation related to the emergency rental/utility assistance, *Figure 11*. There was an increase in documentation of monthly rent, **81%** in the FY 2012 sample up from **73%** in FY 2008. The proportion of files with documentation of monthly utilities remained about the same. Documentation of income, household size, check for other resources, and contacts on behalf of the client decreased. **Forty-seven percent** of the housing charts in FY 2012 included a

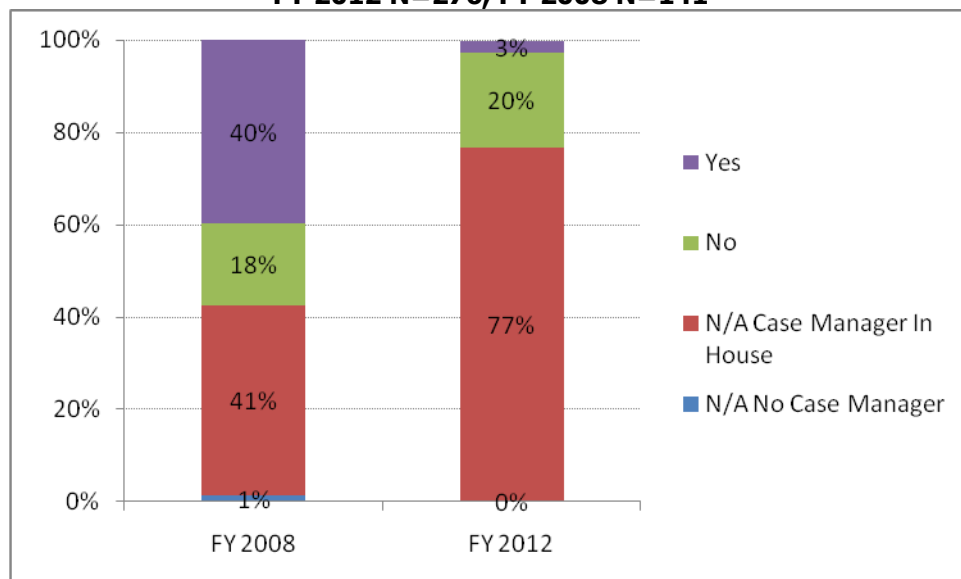
copy of the payment down from **70%** in FY 2008. Contacts on behalf of the client were present in **75%** of charts in FY 2012, down from FY 2008's **82%**.

Figure 11: Emergency Rental/Utility Assistance Process Documentation
FY 2012 N=111 – 285, FY 2008 N=53 – 154



The CQM review looked at documentation of client contacts with case manager for emergency rental/utility assistance, *Figure 12*. The proportion of charts that documented contacts with the case manager decreased between FY 2008 and FY 2012 due to a large increase in the number of case management services provided in house; therefore the question was not applicable for **77%** of sample. **Twenty percent** of the charts in FY 2012 had no documentation of contact with the case manager an increase from FY 2008's **18%**.

Figure 12: Documentation of Contacts with Case Manager for Emergency Rental/Utility Assistance
FY 2012 N=276, FY 2008 N=141



SECTION 8. TEMPORARY/TRANSITIONAL HOUSING

During the FY 2012 review **29% (N=112)** of the clients in the housing sample received temporary/transitional housing. The Standards of Care defines temporary/transitional housing: “Transitional housing via bed nights includes any stable but temporary living arrangement, regardless of whether or not it is part of a formal program.” It may include transitional housing programs or bed nights. Bed nights, as used in the hotel industry, are described as a measurement of occupancy: one person for one night.

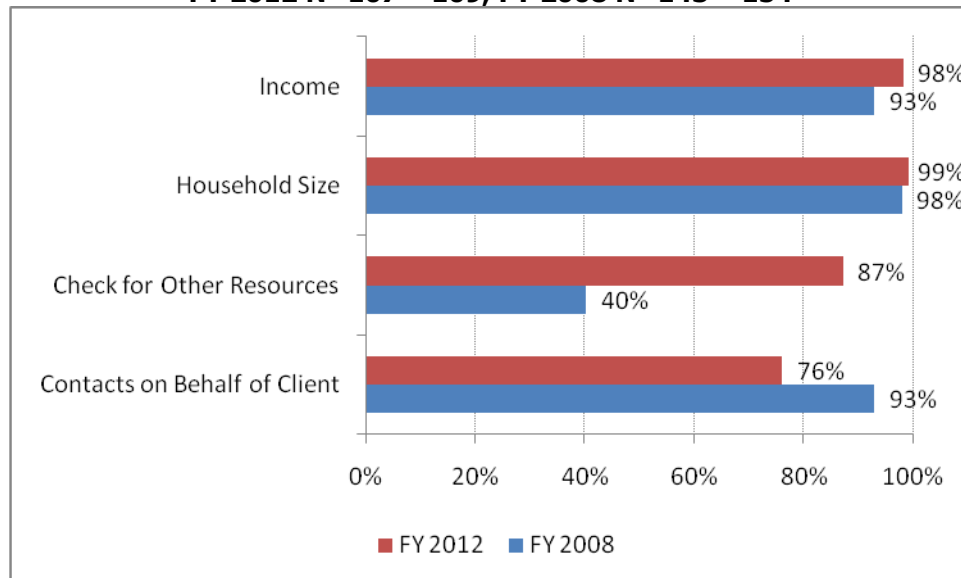
Reviewers abstracted the number of bed nights, monthly income and household size of clients receiving this service, *Table 4*. The **median** number of bed-nights was **59** with a range of 1 to 365. The documented maximum monthly income was \$1,111 and the **median** was **\$385**. The household size was **1** in all cases.

Table 4: Temporary/Transitional Housing FY 2012

Reviewed	Median	Range	N
Number of Bed-nights	59	1 - 365	106
Monthly Income	\$385	\$0 - \$1,111	107
Household Size	1	1 - 1	109

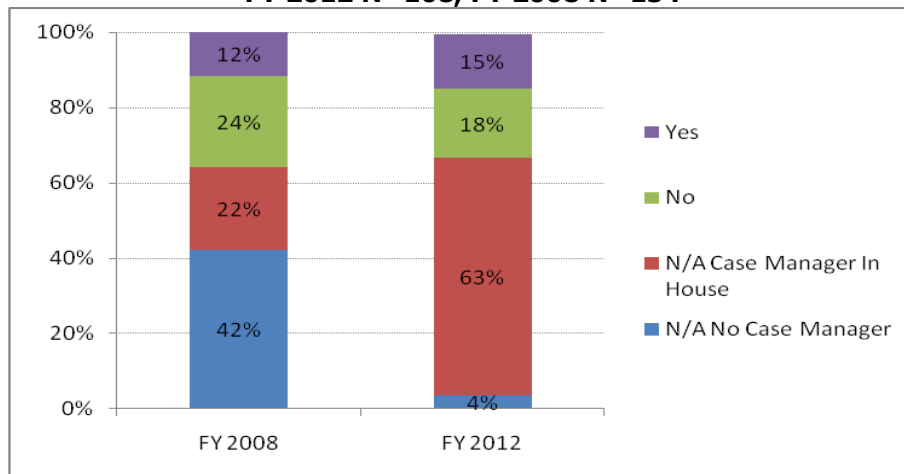
Figure 13 shows the proportion of charts documenting the following elements: income, household size, check for other resources and contacts on behalf of client, *Figure 13*. Documentation of income, household size and check for other resources increased with the largest increase in checking for other resources (**40% in FY 2008 to 87% in FY 2012**). Documentation of contacts on behalf of clients decreased from FY 2008’s **93% (N=143)** to **76% (N=83)** in FY 2012.

**Figure 13: Temporary/Transitional Housing Process Documentation
FY 2012 N=107 – 109, FY 2008 N=143 – 154**



Documentation of contacts with case manager for clients with temporary/transitional housing improved slightly in FY 2012, *Figure 14*. **Fifteen percent** of the charts documented contact with the case manager in FY 2012 up from FY 2008's **12%**. A larger proportion of the FY 2012 sample had a case manager than in FY2008.

**Figure 14: Documentation of Contacts with Client's Case Manager for Temporary/Transitional Housing
FY 2012 N=108, FY 2008 N=154**



SECTION 9. COMPLIANCE TO STANDARDS OF CARE

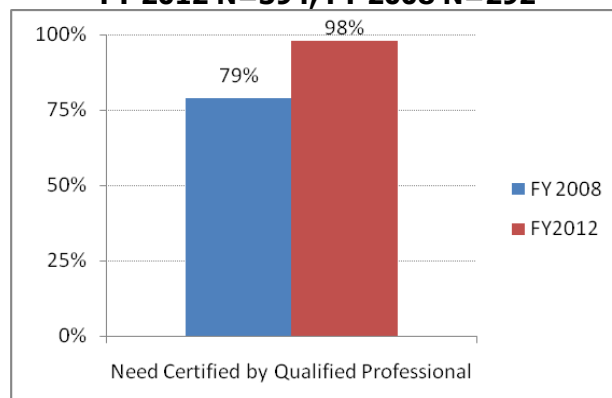
This section provides data outlined in the Standards of Care.

Certifying Need for Assistance

Standard of Care 2.1.1.2.: Establish that housing assistance “is essential to the client’s ability to gain and/or maintain access to HIV-related medical care or treatment. This need must be certified on an individual basis by a qualified professional who coordinates care for the HIV-positive individual” (HRSA 2009). Such professionals as physicians, nurses, care coordinators and case managers must provide certification.

Ninety-eight percent of the charts reviewed in FY 2012 included certification by a qualified professional, up from **79% (N= 229)** in FY 2008, *Figure 15*.

**Figure 15: Standard 2.1.1.2: Need Certified By Qualified Professional
FY 2012 N=394, FY 2008 N=292**

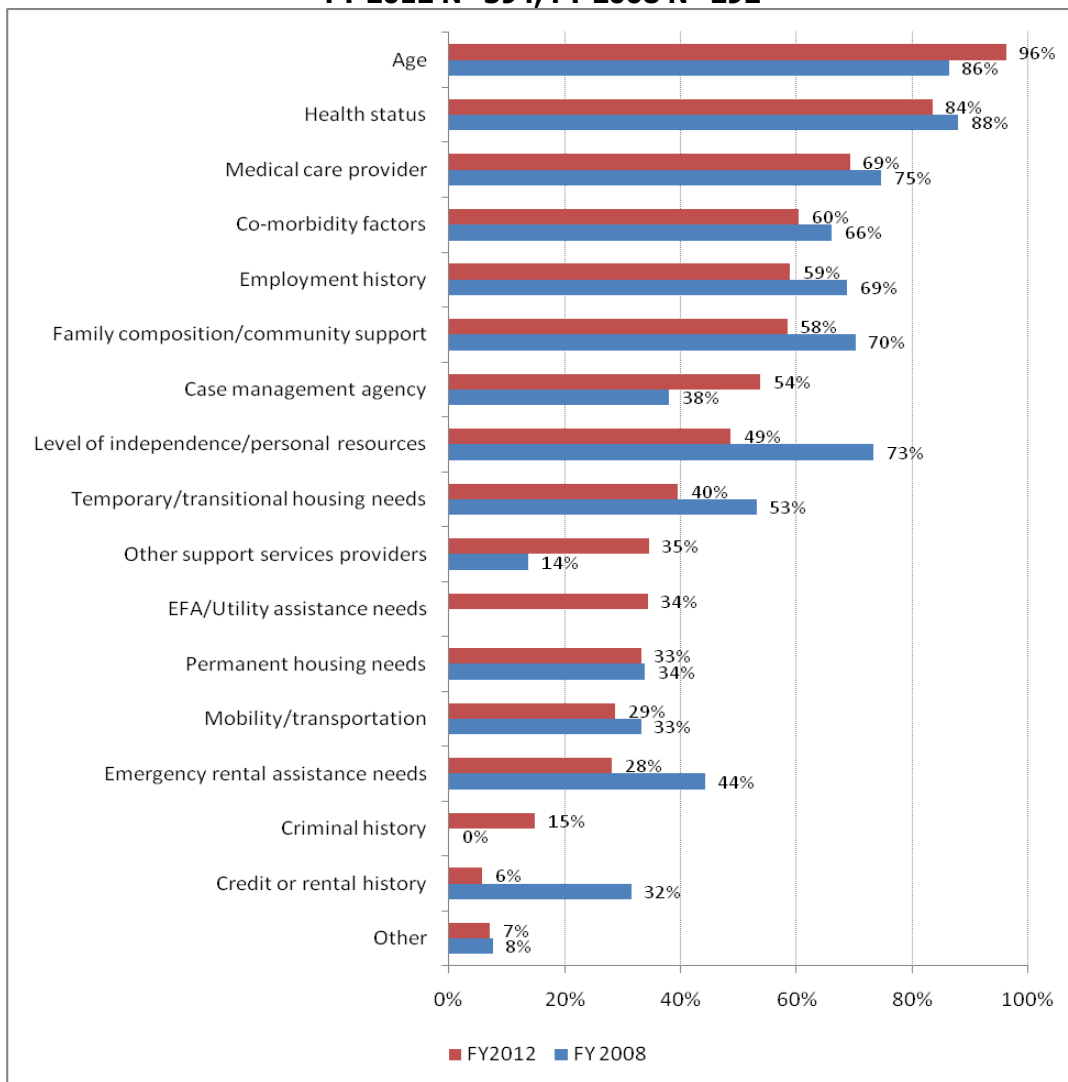


Needs Assessment

Standard of Care 2.1.2. Needs Assessment: This process should include an initial assessment of the client's health and background. Documentation supporting this process must be maintained in the files and must include the following client information (2.1.2.1-2.1.2.9): age, health status, family composition, housing needs, level of independence, co-morbidity factors, employment history, credit and rental histories and other factors including criminal history and drug activity.

A needs assessment containing one or more of these factors was found in **all** client charts reviewed in both review periods. Age and health status were the best documented elements in the assessment in FY 2012 and the remaining elements were not documented in more than 69% of charts, *Figure 16*.

Figure 16: Standard 2.1.2: Assessment Includes
FY 2012 N=394, FY 2008 N=292

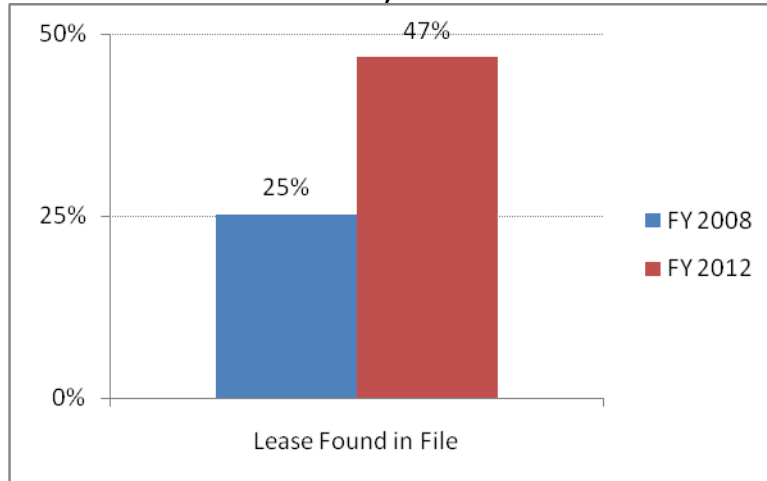


Provide documentation for requests and payments

2.2.2.7. Provide documentation for requests and payments.

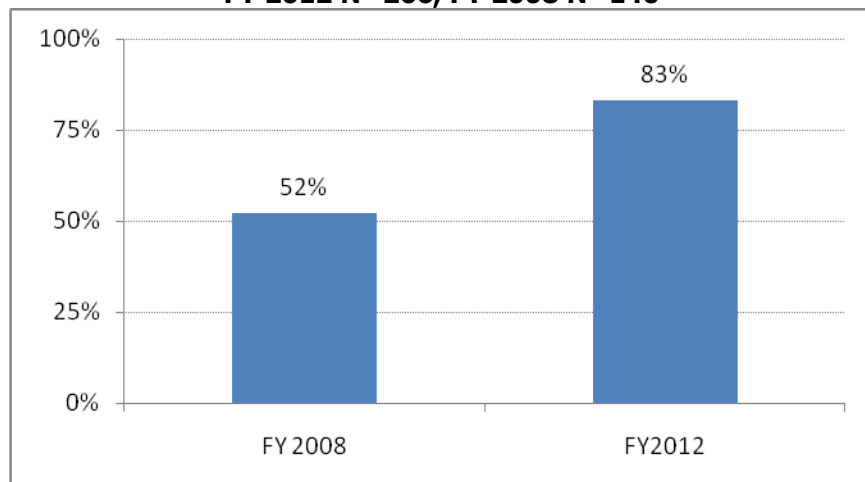
Although not specified in the standards of care, reviewers documented whether a copy of the lease was in the chart in partial fulfillment of Standard 2.2.2.7 for emergency rental assistance, *Figure 17*. **Forty-seven percent** of the charts reviewed in FY 2012 contained the lease up from **25%** in FY 2008.

Figure 17: Standard 2.2.2.7: Copy of Lease
FY 2012 N=124, FY 2008 N=131



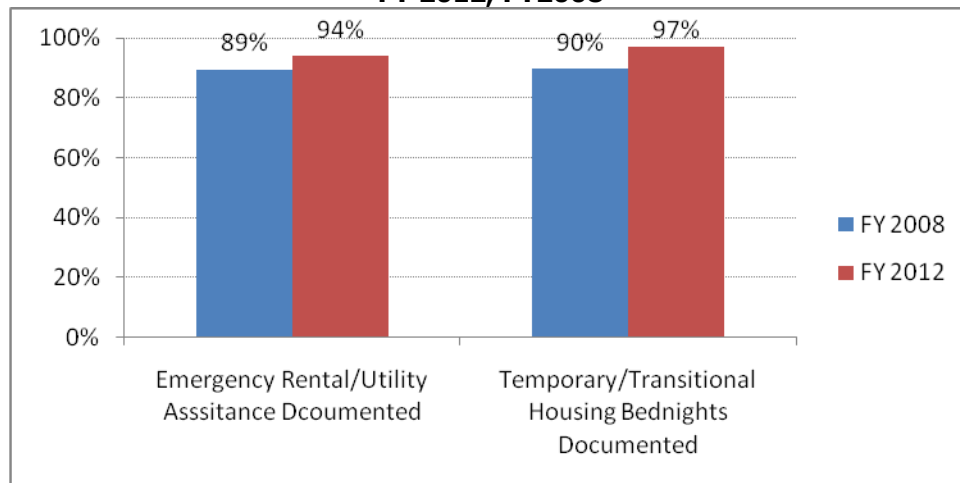
Whether charts contained a copy of the bill or eviction notice was also used to fulfill Standard 2.2.2.7 for emergency rental assistance and Standard 2.2.3.7 for utility assistance, *Figure 18*. During the FY 2012 CQM review such documentation was found **in 83%** of charts, an increase from **52%** in FY 2008.

Figure 18: Standards 2.2.2.7 & 2.2.3.7: Copy of Bill or Eviction Notice
FY 2012 N=266, FY 2008 N=140



Documentation of total assistance provided (dollar amount and/or bed nights) was also assessed and improved between the two review periods, *Figure 19*. **Ninety-four percent** of emergency rental/utility assistance client charts contained documentation of the amount of assistance provided an increase from **89%** in FY 2008. Documentation of bed-nights increased to **97%** in FY 2012 from FY 2008's **90%**.

**Figure 19: Standards 2.2.2.7 & 2.2.3.7: Total Assistance Documented
FY 2012, FY2008**



Additional Assistance

Standards of Care related to providing additional assistance:

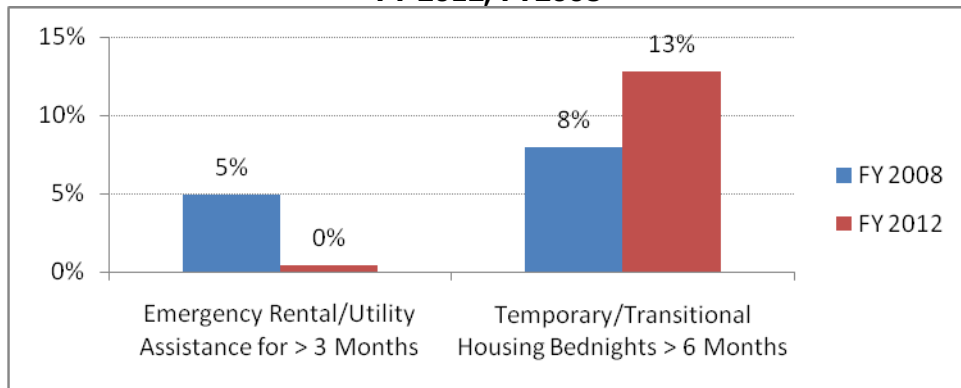
1.1.1. Emergency Rental Assistance: Rental or eviction prevention assistance vouchers will be issued in increments of one month, up to a maximum of three (3) per client within a program year.

1.1.2. Emergency Utility Assistance: Utility assistance vouchers will be issued in increments of one month, up to a maximum of three (3) per client within a program year.

1.1.3. Transitional Housing: Transitional housing via bed nights includes any stable but temporary living arrangement, regardless of whether or not it is part of a formal program. Transitional housing paid under housing assistance should not be planned to exceed six months.

In FY 2012, one (<1%) of the charts reviewed documented emergency assistance for more than three months decreasing from **5% (N=7)** in FY 2008, *Figure 20*. During the FY 2012 review **13% (N=14)** of the charts had temporary/transitional housing exceeding six months compared to FY 2008's **8% (N=10)**.

**Figure 20: Standards 1.1.1., 1.1.2., & 1.1.3: Additional Assistance
FY 2012, FY2008**



Because few of the housing charts reviewed documented assistance beyond three months for emergency assistance or beyond six months for temporary/transitional housing, the data for the standards applicable to such additional assistance was not analyzed.

Contact with the Client

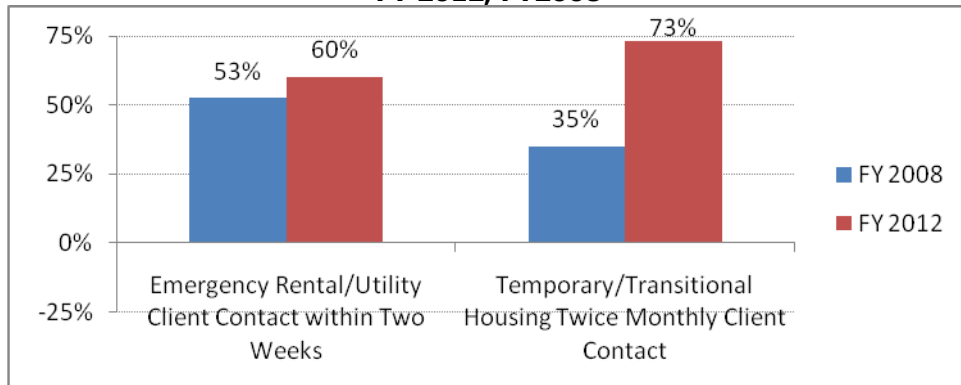
2.2.1.1. Transitional Housing: Agency staff will maintain regular contact, at least twice monthly, with the client during the transitional housing period and document all contacts with and on behalf of the client and all services provided to the client.

2.2.2.3. Emergency Rental Assistance: Follow up with the client within two weeks following the disbursement of payment to ensure that the action plan resolved the immediate situation.

2.2.3.3. Emergency Utility Assistance: Follow up with the client within two weeks following the initial contact to ensure that the action plan resolved the immediate situation.

In the FY 2012 review **60%** of the emergency rental/utility assistance charts contained documentation of contact with the client within two weeks up from FY 2008’s **53%** (N=74), *Figure 21*. For temporary/transitional housing **73%** of FY 2012’s charts documented twice monthly client contact an increase from **35%** in FY 2008.

**Figure 21: Standard 2.2.1.1., 2.2.2.3., & 2.2.3.3.: Contact with the Client
FY 2012, FY2008**



SECTION 10. CONSUMER SURVEY

Consumers for the housing survey were directly recruited from agencies funded by Ryan White Part A. Consumers were surveyed about their housing experiences during the past twelve months. A total of **102** consumers were interviewed at **ten** sites. Survey questions were administered by CQM staff in-person and the consumers represent a convenience sample and not intended to be representative of the total housing client population. The questions focused on the services provided and the patients' knowledge of their care as well as their satisfaction with services. A similar subset of the questions was contained in each of the consumer surveys used for all reviewed service categories.

DEMOGRAPHICS

Gender and race are displayed in *Figures 22* and *23*. Males numbered slightly higher than females in the FY12 gender distribution. During FY08, the distribution was more evenly divided. The majority of FY12 respondents were African-American (**85%**) and less than (**10%**) were white. Fewer numbers were African, Native American or Asian.

Figure 22: Sex Distribution
FY12 N=102, FY08 N=80

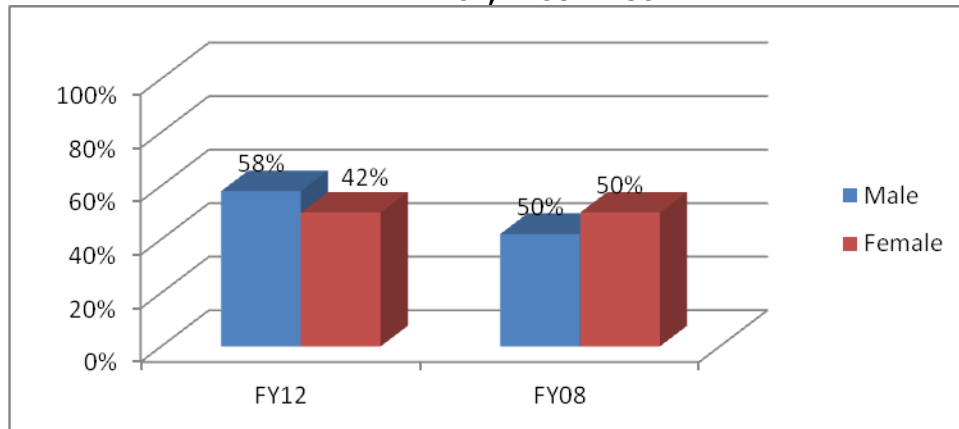
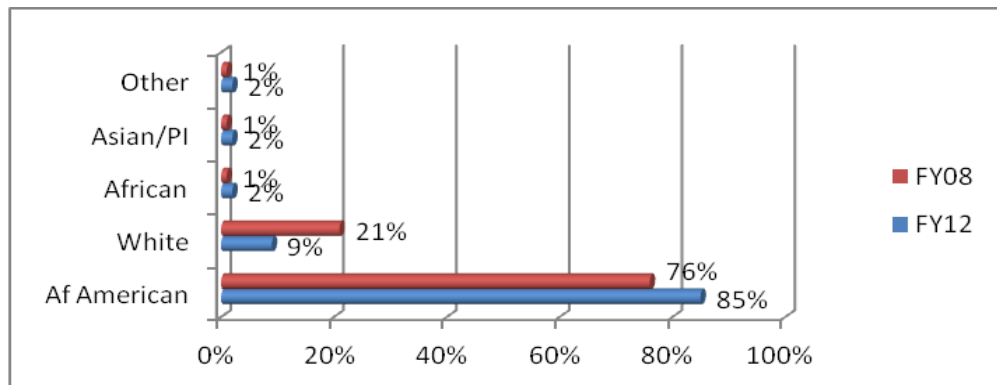


Figure 23: Race Distribution
FY12 N=102, FY08 N=80



Sexual orientation responses were three quarters (**73%**) heterosexual, (**16%**) homosexual, (**6%**) bisexual and (**6%**) N/A or not sure, *Figure 24*. Almost half (**46%**) of consumers were in their fifties, *Figure 25*. **Twenty-nine percent** were in their forties and about a tenth were in their thirties or sixties.

Figure 24: Sexual Orientation, N=102

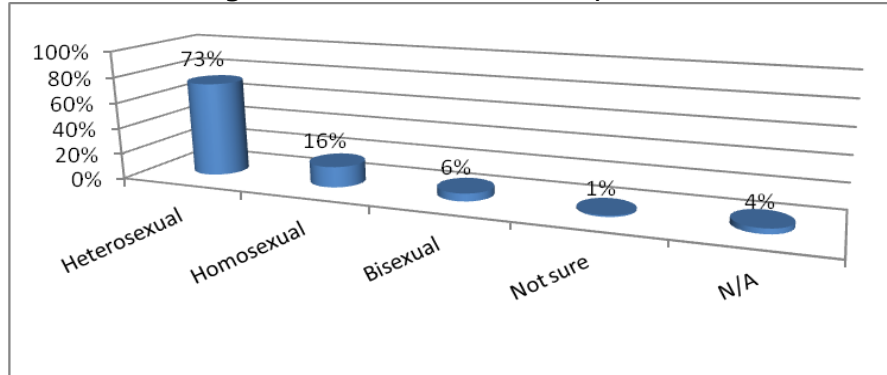
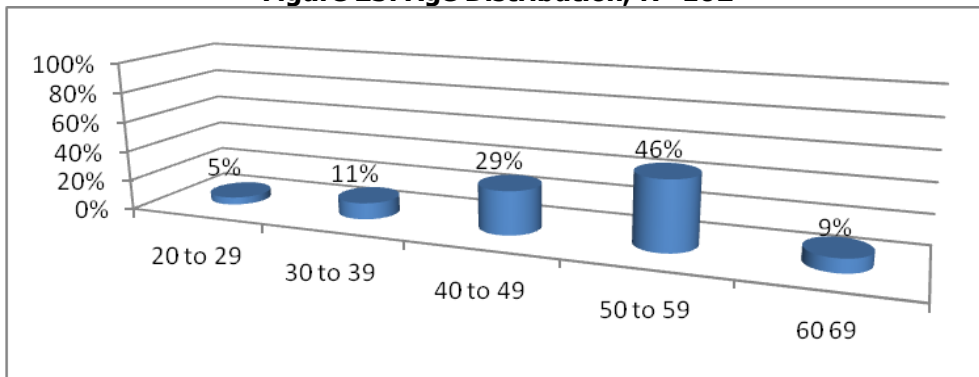


Figure 25: Age Distribution, N=102



Near equal proportions of clients reported service at their individual agencies for 1 to 2 years and less than six months. The fewest number of clients reported they had received services more than 5 years, *Figure 26*.

Figure 26: How Long in Receipt of Service, N=102

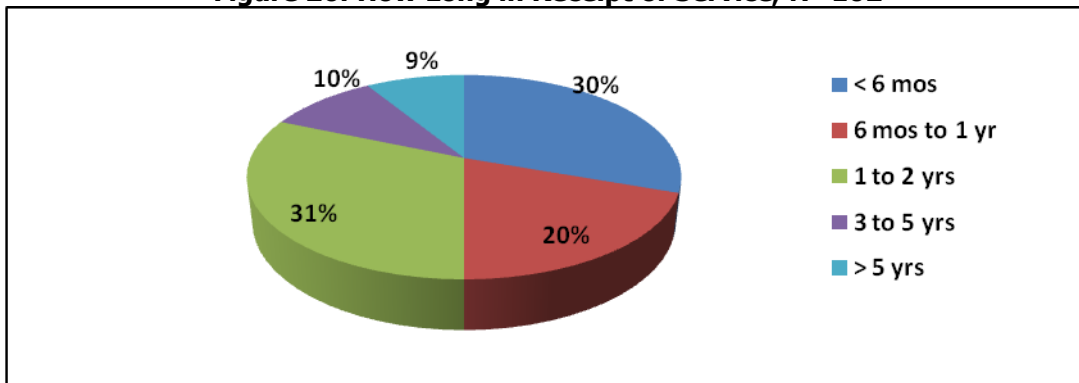
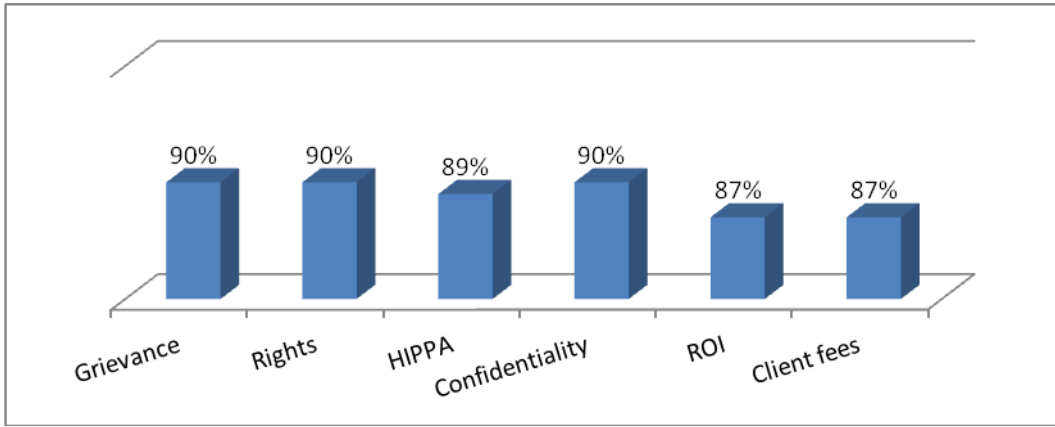


Figure 27 shows that agency policy receipt was high, ranging from 87% to 90%

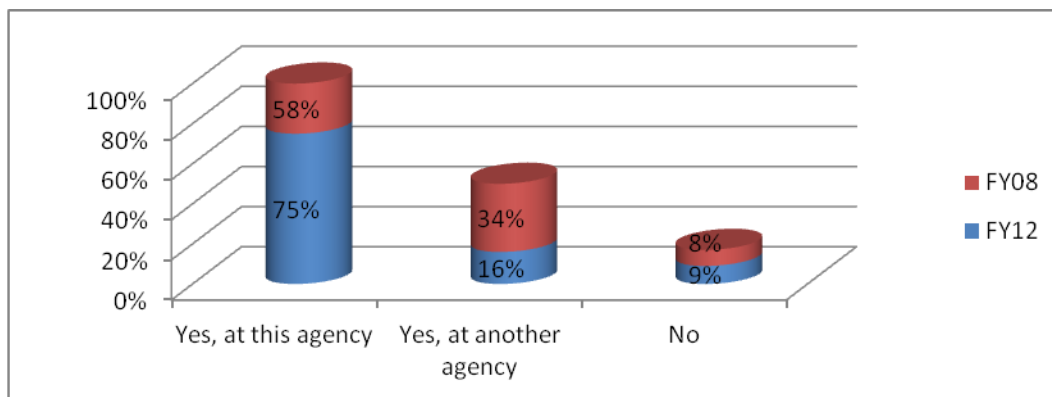
Figure 27: Receipt of Agency Policies, 102



When asked if they had been assigned a case manager at their agency, 58% of FY12 consumers responded yes, down from 75% in FY08, Figure 28. Roughly the same percentage in FY12 and FY08 reported they did not have a case manager.

Half of FY12 and FY08 survey participants learned of available housing assistance from their case manager, Figure 29. Another 21% learned of services through another health care worker and 6% through drug court or substance abuse treatment.

**Figure 28: Assigned Case Manager
FY12 N=102, FY08 N=80**



**Figure 29: How Clients were advised of Services
FY12 N=102, FY08 N=80**

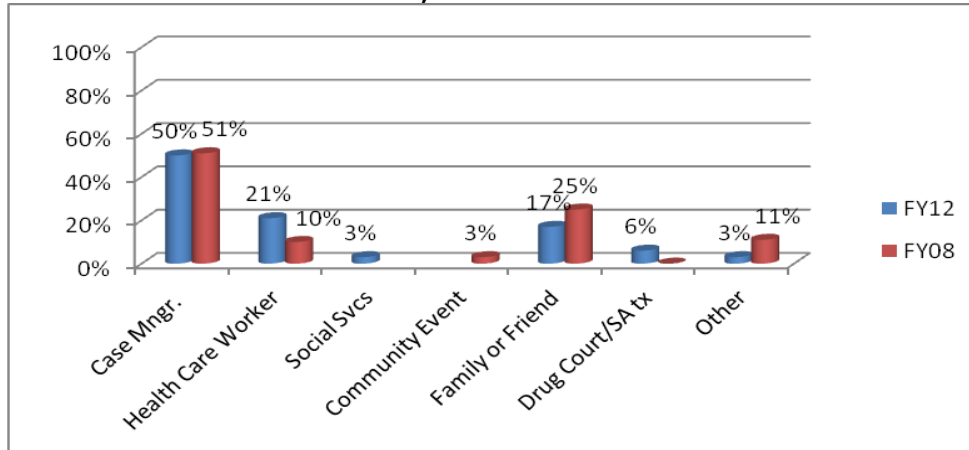


Table 5 shows the client’s reported living situation after receiving housing services. **Fifty-three percent** clients rented homes after assistance from the program, compared to **34%** who were renting before agency help. Also of note, **30%** respondents moved into transitional housing after applying for housing help.

Table 5: Consumer Living Situation

Living Situation	Before Service	After Service
Rented w/assistance	6%	30%
Rented w/o assistance	28%	23%
Owned home	2%	2%
Lived w/family or friends	26%	8%
Homeless	15%	1%
Emergency Shelter	10%	1%
Transitional housing	5%	35%
Prison	6%	0%
Other	2%	0%

The percentage of clients that reported having a care plan rose from **55%** in FY08 to **68%** in FY12. Among those with care plans, about half were re-evaluated during the most recent review period, *Figure 30*.

Figure 30: Care Planning
FY12 N=102, FY08 N=80

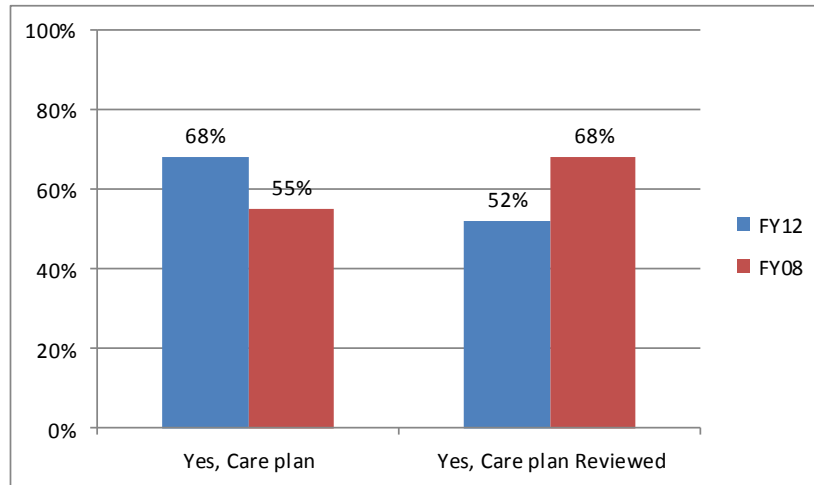
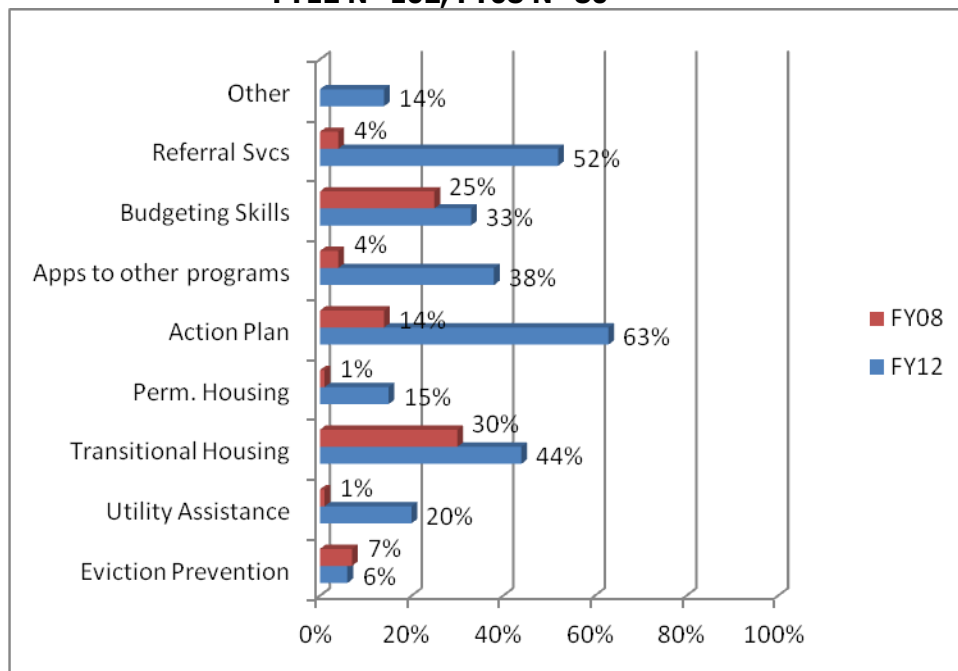


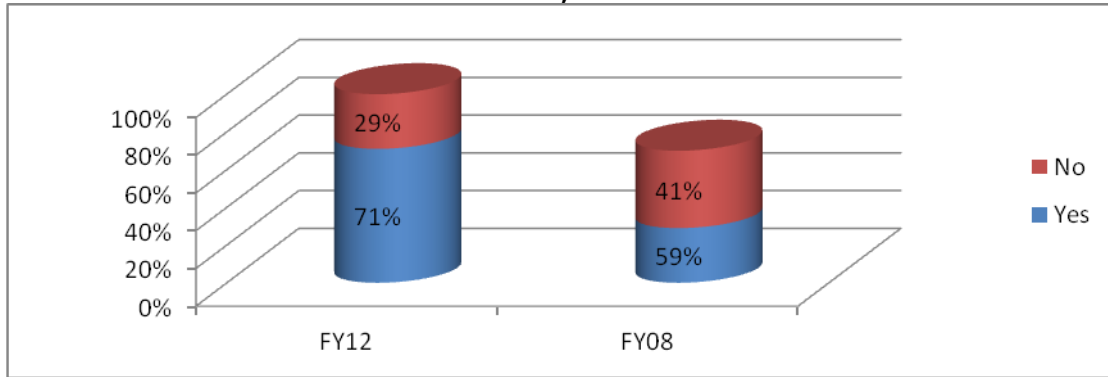
Figure 31 shows the type of assistance the client reported receiving. **Fifty-two percent** received referral services to other agencies, **63%** reported development of an action plan and **44%** reported transitional housing services. Another **(44%)** obtained transitional housing. This reflects an overall increase in all types of assistance provided since FY08.

Figure 31: Type of Assistance Received
FY12 N=102, FY08 N=80



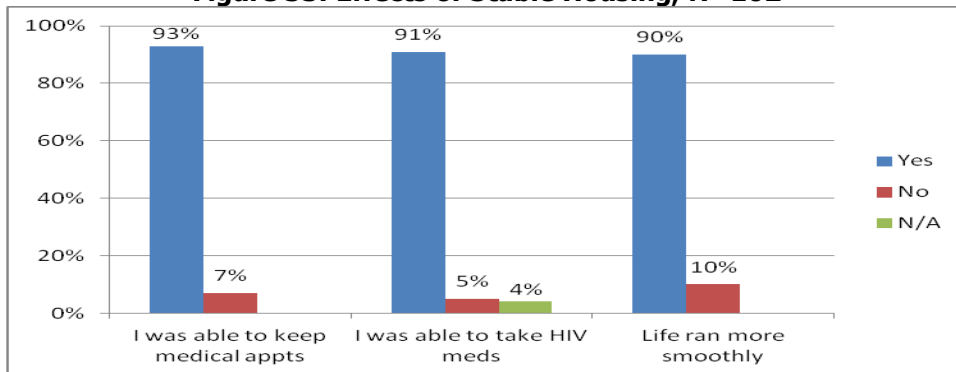
Seventy-one percent of clients reported they had obtained more stable and/or permanent housing with agency help. This is a considerable increase since in FY08, *Figure 32*. This finding also supports chart abstraction findings presented on page 10.

**Figure 32: Permanent Housing Obtained
FY12 N=102, FY08 N=80**



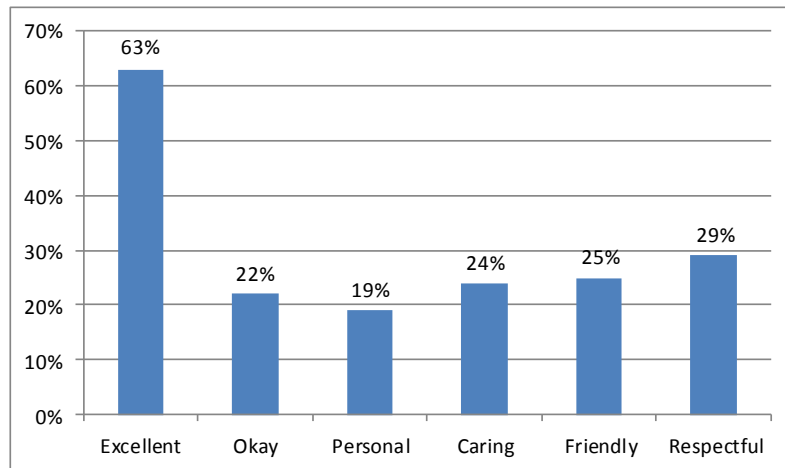
Nearly all clients were able to regularly attend medical appointments and maintain medication adherence due to housing help, *Figure 33*.

Figure 33: Effects of Stable Housing, N=102



When asked to describe the service at the agency, almost all responses were positive with 'excellent' being the most common word used. One quarter mentioned that the staff was respectful, caring and friendly.

Figure 34: Clients Described Service Experience, N=102



Consumer Housing Summary

Strengths

- Consumers reported the service helped them obtain more stable/permanent housing
- Nearly all clients were engaged in regular HIV care
- Consumers noted a seamless application process
- Majority of consumer rated satisfaction with service as high

Areas for Improvement

- More than one third clients did not have an action plan
- Some action plans too vague to be helpful to clients

SECTION 11. QUALITY IMPROVEMENT (QI) ORGANIZATIONAL ASSESSMENT

All agencies also participated in a quality improvement organizational assessment. The survey was administered by CQM staff and agencies were read the questions and asked to rate themselves on a scale from 0 – 5 where 5 was the maximum score. Each question is presented along with the average score across agencies in *Figure 35*. Scores of 3 (mid-range implementation phase) or higher are acceptable. No historic comparisons are available since this was a new tool used by the CQM team.

Section A. Quality Management

A1. To what extent does senior leadership create an environment that supports a focus on improving the quality of HIV care? – Housing Services average score **3.5**. Agencies with housing services contracts reported that leadership was progressing toward a systematic approach to quality and exceeding the implementation mid-range. Leadership in some agencies was developing a culture of quality improvement (QI), prioritizing goals based on data or promoting consumer involvement through the quality management plan (QMP).

A2. To what extent does the HIV program have an effective quality committee to oversee, guide, assess, and improve the quality of HIV services? – Housing Services average score **3.3**. Nearly all

agencies reported implementation of a formal quality committee that represented most disciplines, defined roles in the QMP, reviewed performance data, monitored progress of QI initiatives and introduced ground rule management. Some agencies exceeded these and were progressing toward a systematic approach to quality (for example: included staff and consumer satisfaction in the performance data or responded to changes in external, national priorities.)

A3. To what degree does the HIV program have a comprehensive quality plan that is actively utilized to oversee quality improvement activities? – Housing Services average score **3.0**. Quality plans at most agencies were in the implementation phase including written quality plans that contained all essential QI components (for example: annual goals, objectives, roles, and responsibilities.)

Section B. Workforce Engagement in Quality Programs

B1. To what extent are physician and staff routinely engaged in quality improvement activities and provided training to enhance knowledge, skills, and methodology needed to fully implement QI work on an ongoing basis? – Housing Services average score **2.9**. On average, housing services agencies were in the mid-range implementation phase with engagement of core staff in quality improvement including QI training, involvement in QI projects, and project development. Some agencies were in beginning implementation, others in mid-range implementation and some with full systematic approach to quality management.

B2. To what extent is staff satisfaction included as a component of the quality management program? – Housing Services average score **2.8**. On average, agencies were in the mid-range implementation phase. Staff satisfaction surveys were part of a formal process, survey results were reviewed with staff and areas for improvement were identified. Self-assessment ranged from planning and initiating to full systematic approach to quality management in the area of staff satisfaction.

Section C. Measurement, Analysis, and Use of data

C1. To what extent does the HIV program routinely measure performance and use data for improvement? – Housing Services average score **3.9**. Agencies with housing services contracts reported that measurement and use of data was progressing toward a systematic approach to quality and exceeding the implementation mid-range. Performance measures are externally defined and tied to annual goals. Agencies also reported validating data for accuracy, using the data to identify and prioritize improvement needs, and results are frequently shared with staff to elicit their input and engage them in QI.

Section D. Quality Improvement Initiatives

D1. To what extent does the HIV program identify and conduct quality improvement initiatives using robust process improvement methodology to assure high levels of performance over long periods of time? – Housing Services average score **3.1**. Agency progress toward conducting quality improvement initiatives were in the implementation phase. In this phase, QI initiatives were ongoing, were regularly documented and reported to the QI committee and involved staff on QI teams.

Section E. Consumer Involvement

E1. To what extent are consumers effectively engaged and involved in the HIV quality management program? – Housing Services average score **3.5**. On average agencies were progressing toward a systematic approach to quality and exceeding the implementation mid-range for consumer involvement. Consumers were part of a formal process and were involved in three or more QI

activities (for example: sharing and discussing performance data at CAB meetings or members of the QI committee or a QI team.)

Section F. Quality Program Evaluation

F1. Is a process in place to evaluate the HIV program’s infrastructure and activities, and processes and systems to ensure attainment of quality goals, objectives, and outcomes? – Housing Services average score **2.4**. On average, agencies were in the beginning implementation phase. Some agencies were in the planning and initiating stage with external assessment of the QI infrastructure and processes. Others were in mid-range implementation with annual updates and reviews to the goals, objectives and work plan. Some were in full systematic approach to quality management including use of a detailed assessment process of the QI infrastructure, activities, processes and systems.

Section G. Achievement of Outcomes

G1. To what extent does the HIV program monitor patient outcomes and utilize data to improve patient care? – Housing Services average score **2.6**. Most agencies were in the mid-range implementation phase. Outcome data was routinely reported and trended over time to show improvements. Results were compared to larger aggregate data sets and used to set targets.

G2. To what extent does the HIV program measure disparities in care and patient outcomes, and use performance data to improve care to eliminate/mitigate discernible disparities? – Housing Services average score **2.5**. Agencies with housing services contracts on average were in the beginning implementation phase of measuring disparities in outcomes. The range was from not reviewing data for disparities to stratifying data to identify disparities by gender, age, socio-economic status, risk factor or geography to develop and implement targeted strategies.

**Figure 35. Quality Improvement Organizational Assessment
Agencies with Housing Services FY 2012 N=10**



SECTION 12. DISCUSSION

Overall, Part A Ryan White Housing Services providers are delivering assistance in accordance with the majority of the Standards of Care. Most agencies continue to provide an excellent level of service and most consumers are very satisfied with the housing services provided. Both the chart abstraction and consumer interviews reveal that clients were more stably housed as a result of housing services provided. In almost all cases, quality improvement processes are being implemented and continuous quality improvement activities are becoming common staff responsibilities.

Housing Strengths

Adherence to housing-specific standards was strong for the aggregated data of the ten agencies providing housing assistance in the following areas:

- Eligibility
- Policies
- Assessment and Approval Process
- Temporary/Transitional Housing Assistance
- Standards of Care

In eight areas, documentation increased by ten or more percentage points between FY 2008 and FY 2012:

- Financial eligibility
- Primary care physician
- Case manager
- Assistance approved
- Check for other resources
- Need certified by a qualified professional
- Copy of the bill or eviction notice
- Contact with the client – temporary/transitional housing

While adherence to standards was documented in 70% or more of the files reviewed, adherence decreased by five percentage points or more between FY 2008 and FY 2012 in four areas:

- Monthly rent – emergency rental/utility assistance
- Monthly income – emergency rental/utility assistance
- Household size – emergency rental/utility assistance
- Contacts on behalf of clients – emergency rental/utility assistance

Housing Areas for Improvement

Aggregate results for the ten agencies with housing contracts showed mixed results for adherence to standards in emergency rental/utility assistance. Additionally, there are some areas for improvement in policies and standards of care. Overall there are seven areas for improvement:

- Service termination policy
- Limits of financial assistance policy
- Monthly utilities – emergency rental/utility assistance

- Check for other resources – emergency rental/utility assistance
- Copy of the payment – emergency rental/utility assistance
- Copy of the lease – emergency rental/utility assistance
- Contact with the client – emergency rental/utility assistance

QI Activities at Agencies Providing Housing

HIV providers with housing services contracts in the Baltimore-Towson EMA use proven quality improvement methodologies to positively impact the services delivered to its consumers.

Following structured data presentation and brainstorming trainings, providers rank order data and use root-cause analysis tools to diagram service delivery concerns. PDSA cycles are then developed to test theories of change in delivering the care. These activities have contributed to the ongoing success in providing high quality HIV care in the Baltimore-Towson EMA.

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APPENDICES
